THE

MEDICAL AND SURGICAL REPORTER.

No. 1135.] PHILADELPHIA, NOV. 30, 1878. [VOL. XXXIX.—No. 22.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DIPSOMANIA.

BY WORTHINGTON MYERS, A.M., M.D.,
Of New York.

There is no form of nervous exhaustion more severe in its character than that which is induced by the abuse of stimulants. A sudden and violent fit of drinking, of course, shakes the nervous system very much, and, if frequently repeated, reduces the nervous power materially; but, bad as these effects are, they are slight compared with the profoundly exhausted state of both the cerebro-spinal and sympathetic systems which the continuous use of stimulants in excessive quantities produces.

The effects of chronic alcoholic poisoning are felt not only in the nervous centres, but in most of the important organs of the body, and over the whole mucous tract of the alimentary canal, from the commencement, at the lip, to its termination, in the lower bowel.

The derangements of the digestive organs, of the liver, kidneys, bladder, etc., which usually accompany persistent dram-drinking, vary much in degree, being, in a great measure, dependent on the particular form of stimulant most frequently indulged in; but the exhaustion of the nervous system is not so variably manifested, being pretty much the same whether the excess is committed with one stimulant or another.

Secret dram-drinking, especially in delicate, nervous women, gives rise to many anomalous nervous symptoms, very difficult to diagnose correctly, as the secrecy of the vice itself engenders silence or willful misleading on the part of the patient, in justice to whom it may be said, that, as a rule, she is herself ignorant of the close relation existing between her peculiarly nervous and distressing state and the habit she indulges in.

In common fairness to many amiable and refined women of highly nervous temperaments, victims of neuralgia, hysteria, and the like, it must be remarked, that the habit of prescribing brandy, sal volatile, sulphuric and chloric ether, red spirits of lavender, and other diffusible stimulants, to be used at their friends' or their own discretion, when in suffering, has a most potent effect in inducing the evil habit of overstimulation, and many a woman who would feel outraged at being called a dram-drinker, is, through this practice, slowly and imperceptibly becoming one, without her own cognizance.

The custom which prevails among business men in this and other large cities, of the head of the family lunching in the neighborhood of his business, while his wife and children have the same meal apart from him, offers many inducements to the wife to contract the habit of overstimulation.

Not having the duty imposed on her of providing a regular meal, she is often tempted to have some slight refection, in which wine or beer soon comes to be a principal feature. Dyspeptic symptoms are thus produced, the appetite fails, small quantities of brandy or some other spirits are taken to relieve the unpleasant stomach symptoms; the remedy increases the disease, and is flown to more frequently, with still increasing mischief, and slowly and surely, but unwittingly, she drifts

into a confirmed dram drinker. If she is childless and more or less isolated, the temptations are greater, and the descent more rapid.

A small percentage only of wives so situated fall into this error; still the number is sufficiently great to be notable, and too much circumspection cannot be exercised by young married people in guarding themselves against those errors of diet which, in women, are most commonly the original cause of intemperate habits.

The mercantile life itself produces drunkards in no small degree among highly valuable and highly placed members of its body. Taking what may be termed the upper middle class of the commercial world, certain businesses are more prone to produce dram-drinkers than others. Of these the most usual are the ones in which the principal transactions are conducted out of doors, instead of in the counting-house or warehouse. Most important and highly valuable classes of men are engaged, during the whole of their business day, in buying or selling their commodities among their associates, in all manner of places, wherever and however they can find them, and in visiting and taking charge of their country customers at the hotels they frequent on their arrival in town.

I have had professional experience of many a hopeless drunkard, utterly ruined, who has complained bitterly of the necessities of his calling, which entailed on him the duty of waiting on and "showing attention" to the country customers of his firm. These customers, coming to town once or twice a year, for a few days, look upon their visits as holidays, in which excesses may be indulged in with safety, while to the New Yorker the events are of every-day occurrence, and the excesses of to-day with one person, or group of persons, must be repeated to-morrow with fresh ones. This, and the habit of completing large transactions "with a drink," have furnished very many most painful cases of incurable alcoholism.

The persistent use of stimulants in excess after a time presents the following characteristics:—Loss of sleep, which is not relieved by opiates; disinclination for bodily exertion, with considerable restlessness of mind; a tendency to take offence at trifles; irritability of temper; loss of appetite; foulness of breath; watery and bloodshot eyes; congested mucous lining of mouth and fauces, with tumid and relaxed uvula; haggard countenance; uncertain and often shambling gait; tremblings in the limbs, especially in the hands; tendency to spectral illusions; extreme sensitiveness to cold, with extremely hot skin; irritable stomach, with severe fits of vomiting, especially in the morning, etc. In addition to these, pains are felt in the limbs, especially around the joints. All these symptoms may culminate in delirium tremens, or, particularly in women, that condition may not appear.

If consulted by a person thus affected for any ailment, he generally denies that he exceeds, and if asked to state the amount of stimulants taken daily, will purposely mislead, even in the presence of persons whom he knows can contradict him. If questioned much, he is shifty in his answers, will not look you steadily in the face, and is full of plausible theories to account for his symptoms, which theories he often alters for others.

The state of the nervous system in chronic alcoholic poisoning is one of great molecular derangement. This is due not only to the immense amount of hydrocarbon carried by the blood to the remotest tissues where a nerve filament exists, but to a direct condition of innutrition. From both causes combined, the true nerve currents are erratic, deficient, or wanting, as the disease progresses. Structural changes also begin to take place, and unless the mischief be averted by prompt and judicious treatment, the constitution is utterly ruined, and the case passes out of the bounds of curative medicine, to be dependent, at the best, on palliatives only. Alcohol rapidly destroys the nervous currents when applied directly to a healthy nerve. How much more must it affect the currents in nerves rendered previously unhealthy by a long continued course of alcoholic saturation!

In treating cases of chronic alcoholism, a line must be drawn between the condition as it exists in the comparatively young, and as it may be in the elderly individual. In the former, stimulants must be interdicted *at once;* in the latter, owing to the structural changes which must be taking place, and especially to the condition of the circulation, as evidenced by a rigid state of the arteries. Stimulants must still be allowed, although in greatly diminished quantities.

In all cases, nourishment of the most supporting description, but not beyond the powers of the patient's digestion, must be freely given. A

tepid bath every alternate night, at bedtime, will often give the patient a good night; where it fails to do so, and there is much cerebral excitement, full doses of bromide of potassium will have the desired effect, not only in inducing comfortable sleep, but in allaying the excitable condition of the head. Where sleeplessness exists without cerebral excitement, opium and morphia should be avoided, and hydrate of chloral given instead.

The galvanic bath has been recommended as a useful adjunct to treatment in these cases, but I have not had sufficient experience of its effects to give an opinion on the subject.

No internal remedy exercises so powerful and beneficial an influence over the broken and exhausted condition of the victim of alcoholism as quinine; unless there are special indications present which preclude its employment for a time, it should be given persistently until all the bad symptoms have subsided and the morbid craving has been entirely overcome. In many instances the effects of its judicious employment are immediate and most remarkable.

Where practicable the galvanic current should be applied to the whole course of the spinal nerve roots for five minutes, on alternate days, and on the intermediate days a mild current for three minutes, from the cervical sympathetic to the pit of the stomach (as directly over the solar plexus as possible). If this course be pursued steadily for some time, conjointly with the other treatment laid down, complete restoration may be relied on. It will then depend on moral influences whether or not a relapse may occur at a future time. Mild cases of chronic alcoholism have been treated successfully by galvanism alone; but it requires a treatment based on the combined principles just enumerated to produce a decided and permanent influence on the severer cases of a disease which acts so banefully on so many important organs.

Out of a number of persons who have come under my care for the effects of inebriety, I select the two following, as they are good representative cases.

W. H. P., aged thirty-nine years, engaged in a large dry goods house in this city, had gradually fallen into intemperate habits, and at last suffered from loss of appetite, sleeplessness, nervousness, great mental depression, and the other usual symptoms of chronic inebriation. A peculiar gnawing pain at the pit of the stomach caused him great distress. The sensation, he said, was indescribable and intolerable, and could only be relieved by brandy, but returned as badly as ever when the effect of the stimulant wore off. He had never had delirium tremens, but was haunted by gloomy thoughts, and during his sleepless nights suffered so much from mental anguish that his existence was a burden to him. He had no suicidal tendencies, but often wished himself dead.

On the thirteenth of March, 1876, I placed him under galvanic treatment. As he had no appetite, and his stomach was too irritable to bear quinine, I applied a small blister to the pit of the stomach and ordered him strong soups and broths. After a few days he was able to take moderate doses of quinine and some solid food. *All stimulants were strictly prohibited.* This was a most severe trial to the patient; but, aided by cheerful and kindly society, he struggled against the morbid craving, and after less than a fortnight's distress overcame the violent desire. His mental depression, nervousness, and want of purpose, gave place to a hopeful, cheerful and more decided turn of mind; his health became gradually better, his rest at night was not disturbed, as formerly, and with these changes nearly all his old sensations passed away, and his mind and memory were strengthened. After six weeks' electric treatment he was well enough to do without it, still, however, continuing the quinine and avoiding all stimulants.

A year later I had an opportunity of seeing him; he had not relapsed into his old habits, and, although somewhat excitable and nervous in his temperament, was otherwise in good health.

These cases are very favorable ones, as beyond the stomach symptoms, which quickly yielded to treatment, there was no evidence of organic mischief. In most cases of long-continued inebriation serious organic mischief is produced; this materially lessens the chances of complete recovery, but with careful and judicious management, and the moral influence of home and friends, much can be done to overcome the "dipsomania," the morbid craving for stimulants, which, after all, is the great difficulty which lies in the path of the intemperate individual who honestly wishes to reform. That some morbid action is going on in the brain of such cannot be doubted, and treatment, especially the galvanic, should be specially

devoted to that organ. In the cases above cited this was not necessary; the patients were comparatively young, and had a hearty desire to struggle against the temptation.

WHY ACETATE OF LEAD SHOULD NOT BE USED AS A COLLYRIUM.

BY W. S. ROSS, M.D.,
Of Evansville, Ind.

The great danger of the use of lead in the eye is that a deposit often takes place on the cornea, especially if the cornea is in the least abraded, from whatever cause. Ulceration of the cornea is a very common occurrence, especially where there is high inflammation in the conjunctiva and sclerotic. If the acetate of lead is used, in solution, in an ulcerated condition, it does not matter of what strength, there will be a deposit of albuminate of lead the entire extent of the cornea denuded.

Dr. S. Ringer says, "In ulceration and sloughing of the cornea, lead washes must be avoided, lest a white compound become deposited in the structures of the ulcer, leaving a permanent opacity."

T. W. Jones says, "From acetate of lead application, an opaque white deposit takes place on the conjunctiva. This bad effect, different from the effect arising from the abuse of nitrate of silver, may result from a single application. The deposit is extremely apt to fix itself on ulcers of the cornea. It attacks every abrasion on the slightest denuded surface. Hence, when such exist, acetate of lead collyria are especially contraindicated.

Sometimes the whole surface of an ulcer of the cornea is found covered with a matter resembling (to use the comparison of Mr. Wardrop) wet chalk. This appearance is attributed, by Dr. Jacob, to a precipitate from the acetate of lead solution, so frequently employed as an eye wash. Beer had frequently remarked that the use of lead lotions rendered the cornea opaque. Any part of the conjunctiva, whether abraded or not, may be the seat of the deposit, but attention is most usually drawn to it when on the cornea. The white deposit is apt to become fixed in the cicatrice, which is then dense and indelible.

Dr. Jacob says that the opacity appears to be produced at once, by a single application. He has seen it the day after a drop of solution of acetate of lead had been put into the eye by mistake. A white deposit does not take place in all cases in which the acetate is used, but Dr. Jacob says that he does not think he can state positively the precise condition of the ulcer which causes it.

Dr. Mackenzie recommends a cautious attempt to be made to remove the white deposit from the surface of the ulcer; and he tells us that in one case he succeeded in separating a scale of lead which had been deposited on the cornea. I have seen the scale become detached spontaneously as the ulcer healed.

Dr. Lawrence says: "I have found cases of corneal ulceration peculiarly obstinate and intractable when the surface of the ulcer has presented, generally or partially, an opaque white color, as if it had been covered by wetted chalk, the attendant ophthalmia not being considerable. Sometimes such ulcers have continued for weeks or months, in spite of every treatment. I do not know what the peculiarity depends on, but Dr. Jacob ascribes it to the application of the acetate of lead, which he says is decomposed, and a white precipitate is deposited in the ulcer, to which it adheres tenaciously, and indelibly imbedded in the structure of the cornea."

Dr. Mackenzie says: "When we meet with an ulcer which has been touched with acetate of lead in solution, a remedy often recommended by ignorant people for inflamed eyes, we ought, with the small silver spatula, to endeavor to remove the white deposit adhering to the surface of the ulcer, lest it become indelibly incorporated with the cicatrice, forming a peculiar chalk-like speck, which may never afterward be capable of being removed, either by absorption or operation. This attempt, however, must be made with great caution, lest we cause a large opacity of a different character."

There is no means of removing the deposit of lead except to spud it off, and there is great danger in that operation, especially if the patient is advanced in years, for the reason that the opacity produced by the operation does not become absorbed, as it would be in a young subject. The restorative process in the cornea of the aged is very sluggish.

I will report a case that came under my observation:—

Mr. A., seventy-six years of age, was attacked with inflammation of the eyes during the fall of 1876, and was directed by a physician

"to get some sugar of lead, and make a solution, and bathe the eyes frequently with it." There was at that time an ulcer on the cornea of each eye, the size of the pupil, and immediately over it. The solution of lead having been applied the deposit of lead took place, and the old gentlemen discovered that the light was completely shut out, and he was in "utter darkness." He came to the city and placed himself under the treatment of Dr. Compton and myself. At that time there was considerable inflammation in the conjunctiva and sclerotic.

The cornea over each pupil, the entire extent of the ulcer, had that peculiar "wet chalk" appearance. By appropriate treatment we, in a short time, subdued the inflammation, and rendered the patient comparatively comfortable, but he was almost blind, from the deposit of albuminate of lead.

We endeavored to remove the deposit of lead by spudding it off, but it was so firmly fixed that we were apprehensive that if too much force be used inflammation would set in and destroy vision. Taking his age into consideration, we thought it best to "let well enough alone." By the use of a solution of atropia, two grains to the ounce of water, and applied to the eyes twice per day, we dilated the pupils sufficiently for the patient to see to get about without assistance. He was also supplied by J. Rillinberg, optician, of this city, with a pair of smoked glasses, No. 42, convex, which were of great benefit to him.

In consideration, therefore, of the opinion of eminent authorities on diseases of the eye, above quoted, and my own experience as to the deleterious effects of the acetate of lead as an eye wash, I would advise that the use of acetate of lead be forever laid aside as a remedy in diseases of the eye.

A Perfumed Solution of Iodoform.

The objection to the use of iodoform, on account of its unpleasant odor, has led an English druggist to prepare a perfumed solution. This is prepared by shaking tincture of iodine with a fragment of fused potash until the color is removed, and covering the odor of the iodoform produced by the addition of eau de cologne or lavender water. The author speaks of lint that has been dipped in this liquid, and afterward dried, as being a very good application to indolent sores.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. LOUIS A. DUHRING, M.D.

REPORTED BY DR. ARTHUR VAN HARLINGEN.

Tinea Favosa.

The patient, a little girl, ten years of age, had been under treatment for some months for squamous eczema of the scalp, from which she had almost entirely recovered, but had not visited the clinic for several weeks. When she made her appearance on September 5th, she presented a marked eruption of characteristic favus cups. She was placed under observation, but without treatment, until September 13th, when she was brought before the class. By this time the affection had made decided progress, the whole head being involved, the disease running down almost to the borders of the scalp, and only a few small islands of healthy skin remaining. It consisted of a mass of dingy, sulphur or canary-yellow-colored, dry, pulverulent matter, covering the entire scalp and easily brushed off, or somewhat more adherent in masses of a yellow, chalky consistence, which, when detached, left a shallow, moist, reddish depression or pit in the skin. Here and there, about the border, distinct lemon or canary-colored cups could be seen, each one pierced by one or more hairs which formed its centre. The patient complained of some itching and irritation of the scalp; she was rather pale and meagre.

Dr. Duhring said the affection was a very rare one at this clinic, but one which was well known, and which was so troublesome that a portion of the hour might be well spent in studying it. The yellowish masses observed through the scalp were entirely composed of a microscopic vegetable growth; they were not the result of inflammatory exudation. The original shape of the masses was roundish, hollowed out like a bowl or cup; they were pinhead to pea sized. The disease in the present case had only been a short time existent, and was as yet superficial; when the affection had lasted some time, the roots of the hairs became seriously involved and loosened from their follicles; here the hairs appeared to be still intact. Usually the disease made slow progress, but here it seemed to have involved almost the whole surface of the scalp in the course of a few weeks. Favus, Dr. Duhring continued, was usually highly contagious; ordinarily several members of a given family were attacked one after another. He had seen, in London, some years ago, as many as thirteen individuals thus seized in one household. In the present instance, however, it would appear that no one else in the family was as yet affected. Favus was due to a parasitic fungus, the *achorion schönleinii*, and when this once obtained a firm seat in the skin, it might persist for years, producing

atrophy of the scalp and baldness. The odor of the eruption was pungent and characteristic; it might be compared to that of mice, to which he would liken it; also to stale urine or mouldy straw. The so called crusts were friable, like soft mortar. If lifted up they showed the little, superficial, moist depressions or pits, to which attention has been called, and which the growth had made for itself. With regard to the diagnosis, favus might be mistaken for pustular eczema, but for nothing else.

The treatment of favus presented peculiar difficulties, for when the fungus had penetrated the hair follicles it was exceedingly hard to get at; it was also very persistent, frequent and stubborn relapses being not uncommon. In the present case the hair should first be cut off close to the surface, then this should be soaked in oil until the masses of fungus had become softened and easily loosened from the scalp. The latter should then be thoroughly cleansed with a plentiful amount of soap suds and hot water, and dried. It was now ready for the application of the parasiticide. This should, in this instance, be the following—

℞ Sodii hyposulphitis, ℥j
Aquæ, ℥viij. M.

The lotion was to be poured into a saucer and then applied by means of a cloth. Certain precautions should be taken to prevent the spread of the disease. The patient should use her own brush, comb, etc., and should constantly wear a closely fitting cap, in order to prevent the light, powdery masses of fungus becoming distributed through the atmosphere. For the present, depilation would not be ordered.

Maculo-papular Eruption Due to Bromide of Potassium.

The patient, a young unmarried women, had been under treatment in the hospital on account of epilepsy, for which she had been taking the bromide of potassium in moderate doses almost continuously during the past three years. About ten days or two weeks previously to her admission, she was, for some reason, ordered a *smaller* dose than she had been accustomed to take. At that time she had no marked eruption upon her skin, although her face was always irritable, and small acneform pustules could usually be seen there as well as on the chest. Five days before her admission she went to bed, feeling as well as usual; but when she awoke the following morning, she perceived an erythematous condition of the skin, with an eruption in the form of macules, flat papules and pustules, occupying the face, hands and neck. During the succeeding three days this increased in intensity, until at the end of that time it had extended over the entire surface of the body and limbs. Over the trunk and extremities the eruption assumed the form of papules and papulo-pustules. No bromide was taken after this time. When the patient presented herself at the clinic she showed the following appearances. The whole surface, including the scalp, face, neck, trunk and extremities, was covered with a profuse erythematous, papular, and pustular eruption, which was most pronounced over the face, neck, chest and back. Her face had a congested, violaceous hue; it felt hot and flushed easily. From the line of the scalp to the neck the lesions were mostly confluent macules and papules, the size of large split peas. They were rounded or irregularly rounded, indistinctly defined, and of a dull yellowish, somewhat violaceous red color, identical with that of the maculo-papular syphiloderm attacking this region. The whole face was profusely invaded, many of the lesions running into one another, and giving the surface an uneven, rough feel. They were for the most part papular, but were only slightly raised above the level of the surrounding skin; were quite flat, and upon close inspection were noted to possess enlarged sebaceous gland ducts, which could be seen to contain very minute plugs of sebaceous matter. The openings of the sebaceous glands were slightly patulous over the whole face. Some of the more advanced papules were covered with a thin, adherent, sebaceous crust, of a pale yellowish color, especially noticeable about the centre of the cheeks and chin. Here and there over the face, notably about the cheeks and nose, there were a number of pin-point and pin-head sized, slightly elevated pustules; they were for the most part very minute. Throughout the scalp were scattered split-pea sized, flat, sebaceous crusts, which were especially numerous about its anterior border. Over the neck the eruption was very diffuse, in the form of indistinctly defined, irregularly shaped, split-pea and finger nail sized, broken macules, of a vivid pink color. The eruption was very plentiful over the chest, back and abdomen. In addition there were small, mostly split-pea sized, rounded and irregularly shaped maculo-papules and papules; there were, moreover, numerous pin-point and pin-head sized, accuminated, more or less inflamed pustules. The color of the efflorescence over the trunk was paler than that about the face, and possessed a yellowish tawny hue. The extremities showed numerous scattered macules and papules, identical with those on the face and neck. A burning sensation was experienced over the face, chest and back. There was no itching. The patient's appetite had failed during the few weeks just previous; her bowels were regular.

Dr. Duhring remarked that the case was one of unusual interest. First, because of the history. Secondly, on account of the variety of the lesions, the bromide of potassium eruption being generally distinctly pustular in character. Thirdly, for the reason that the diagnosis was by no means easy, the disease resembling very closely, in appearance and distribution, the maculo-papular syphiloderm, for which it might readily be mistaken. He added that the expectant treatment would be pursued in this case. The patient would be directed to put nothing on the skin and to take no medicine.

[The woman returned, and was shown to the class two weeks later. At this time the eruption had entirely disappeared, leaving only a flushed condition of the skin, which also was rapidly fading away.]

Four Cases of Epithelioma.

The first case, which belonged to the flat or superficial variety, was of comparatively recent date. It occurred in a woman under 40 years of age, and involved the bridge of the nose, presenting a reddish, nodulated tumor, the size of the finger nail, and slightly raised above the surface of the skin, from which it rose abruptly with a smooth, elevated, pearly border. It was covered with a thin crust or scale. The history of the affection showed it to be of several months' duration, having first been noticed as a small pea-sized nodule in the skin, without sensation of any kind, but which grew gradually until it had reached its present size. Recently the patient had experienced a slight pricking or itching feeling in the tumor, and as it had grown constantly, although slowly, from its first appearance, she had become apprehensive and had sought advice.

Dr. Duhring drew the attention of the class to the age of the patient. Epithelioma, as a rule, was found on older persons. The affection belonged to the flat or superficial variety of epithelioma, and the treatment appropriate to the case was cauterization by means of caustic potassa. The knife was not called for in this instance. The solid stick of potassa fusa was then applied, going slowly over every portion of the diseased structure, and allowing the influence of the caustic to penetrate a little below and beyond the diseased tissue in every direction. It was not necessary, Dr. D. said, to use any pressure or force, but the caustic should be brought most carefully in contact with every particle of the growth, lest recurrence should take place, and a second operation be required. When the action of the caustic had gone far enough, it was limited and checked by the application of dilute acetic acid. The pain of the operation was quite sharp and severe, but ceased almost immediately upon the application of the acetic acid. The patient was directed to dress the part simply with lint soaked in olive oil; the dressing to be removed twice daily and the wound cleansed.

The second case was very similar in character and history to the first, the original disease having extended to about the same size, but being situated on the cheek, just at the side of the nose. It had been operated upon some days previously, and was brought before the class to show the appearance of the wound after operation. There was a slough about the size of a small coin separating, and the sore underneath was granulating at the edge. No hardness or nodulation could be felt about the edges of the ulcer. The patient stated that the day after the operation the part was somewhat swollen, red and "angry looking." Application of cold water compresses had subdued the inflammation, however, and Dr. Duhring pointed out the occurrence of healthy granulations and the evident commencing separation of the slough.

The third case, although also of the superficial, flat variety of epithelioma was in a more advanced stage. The patient, a woman of 70, had been operated upon at different times, but had neglected treatment, and the affection had recurred again and again. The point attacked was the nose, the entire cartilaginous portion of which had been destroyed. The borders both of the septum and the remains of the alae nasi were infiltrated, enlarged, and in one or two places suppurating slightly. The disease appeared to be extending up into the nares.

From the appearance of this case Dr. Duhring said it would be difficult to diagnosticate between epithelioma, syphiloderma and lupus. The history, however, would aid in deciding the question. A similar operation was performed in this as in the former instance, the caustic potassa being freely applied to all the diseased parts.

The fourth case presented an appearance quite different from that of the three former; it was a case of recurrent epithelioma. The patient had been operated upon about a year ago, but the disease had returned in a peculiar form. The affection was seated upon the centre of the forehead, in the form of a smooth, well defined, slightly nodulated tumor, about two inches in diameter, rising abruptly from the surrounding skin to the height of half an inch, with a flattened surface, firm about the periphery, but somewhat fluctuating in the centre, and of a dusky purplish hue. It had attained its present size and appearance some time ago, but had only during the few weeks previous given rise to pain of a lancinating character, and quite severe. An exploratory incision into the centre of the tumor, made before the class, gave exit, at first, to a clear, somewhat viscid fluid, which was followed by a small quantity of pus. It was rare, Dr. Duhring said, to find such tumors breaking down and suppurating in this way. Caustics would not be available in a tumor like the present; the tumor should be removed by the knife.

[The patient was transferred to the surgical ward, under care of Prof. Ashhurst who operated a few days later.]

MEDICAL DEPARTMENT OF BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC OF PROF. AUSTIN FLINT.

REPORTED BY WORTHINGTON MYERS, A.M., M.D.

Pleurisy, with Effusion.

CASE 1.—Lemuel Owens, age thirty-three years, was admitted into the hospital two weeks ago, suffering from pain in right axillary and inter-scapular regions, with cough and chilly sensations. His father and mother both died of consumption, he being the only child.

Patient says he has never been a strong man, but always comparatively healthy, until about six weeks ago, when the above symptoms developed themselves, supervening upon a cold. He now raises a small amount of transparent mucus. He has evening exacerbations of temperature, followed by profuse perspiration. Exertion causes a slight dyspnœa, and coughing increases the pain in the axillary and inter-scapular regions. When first admitted he had slight diarrhœa, which was checked. His appetite is impaired, and he has great aversion to fatty articles of diet. He has never had any hemorrhage. Pulse strong, 84 per minute, and temperature averaging 99½. He has not been confined to bed since admission.

Physical Examination.—The patient is anæmic, somewhat emaciated, respiratory movements normal. Percussion reveals flatness on right side below the fifth rib, the flatness being limited by a horizontal line. Above this line we have dullness, as compared with the other side; over apex of lung, normal resonance; absence of vocal fremitus over the region of flatness, with a suppression of vocal resonance. Respiratory murmur is also absent over this region, while above it it is broncho-vesicular. Apex beat of the heart a little to the left of its normal situation. Liver and spleen normal.

Diagnosis.—From the patient's history, his symptoms, and signs obtained from physical examinations, we are justified in saying that he has subacute pleurisy, which has become chronic. The mild constitutional disturbance, the slightness of pain, and the long career of the disease, exclude the acute form. We cannot satisfy ourselves that the patient has phthisis, although the patient's parents both died of this disease. The physical evidence of tuberculous deposit has not been demonstrated. But while we do not think, from the symptoms, etc., that we are justified in saying he has phthisis, still in our prognosis his history should not be forgotten. Therefore, upon physical examination, we find signs so characteristic that we can without hesitancy pronounce it a case of pleurisy with effusion.

Prognosis.—From the fact of the patient presenting a history with predisposition to tuberculosis, and his general emaciated condition, a favorable prognosis can scarcely be given, although we can pronounce it more so than if the actual existence of tuberculous deposit had been fully established.

In this case we have a moderate pleuritic effusion; on the right side of the chest we have flatness extending from below upward. This flatness is bounded by a horizontal line, which represents liquid. If the situation of the liquid be vertical it will be indicated by this line, which we find it is, both anteriorly and posteriorly. Above the line we have resonance, below, flatness. If the lung be adherent to the walls of the chest the liquid will gravitate to the posterior part of the chest, the sound absolutely flat when patient leans over, then resonance. We have, therefore, absolute proof of the existence of liquid. The effect of liquid is to abolish or diminish respiratory murmur, also to abolish resonance. In such cases we have solidified lung, also broncophony. The effect of liquid is to increase this. This change takes place abruptly, just at the boundary line, where flatness and resonance exists. So with vocal fremitus, when you auscultate the voice. The effect of liquid is to diminish the fremitus, of solidified lung to increase it.

I take this occasion to point out what is meant by egophony; it is a modification of bronchopony. The voice has a bleating character, like the cry of the goat. The patient may have it; we look for it at the posterior part of the chest. The amount of liquid would lead us to suppose he has it; upon examination we find he has not; we get it as follows: Let the lung be adherent to the walls of the chest; above this line we have it, and below it condenses to produce bronchophony. In regard to phthisis: where pleurisy supervenes upon phthisis, then some symptoms predominate. First, the patient has a cough and expectorates, with a hereditary tendency We look at the concomitant symptoms, at physical signs. If we find on the unaffected side a moist râle, and on the affected side, at the summit of the lung, then we look for it. This history of some cases gives no evidence of the existence of phthisis.

Treatment.—The indications seem to be to promote absorption of the liquid and to bind up the patient. The milder hydragogue cathartics, preferably the saline, with a combination of diurĕtics, will accomplish the former, and phosphorus, quinia and iron fulfill the indications of the latter. Small doses of cod-liver oil will be found serviceable. The application of sinapisms or belladonna plasters to the chest are indicated, for the relief of the pain. Quinia should be given, both as an antipyretic and as a tonic. Sulphuric acid should be given, with a view to relieve the night sweats. Alcoholic stimulants, in moderate quantities, should be given, with a sponge bath daily, of 65°. The patient should be well nourished, take out-door exercise, but undertake nothing which requires exertion.

Medical Societies.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, OCTOBER 10th, 1878.

Reported expressly for the Medical and Surgical Reporter, by G. L. Wilkins, M.D.

Yellow Fever.

Dr. J. S. Lynch. I will premise by stating that I do not assume special knowledge on the subject of yellow fever. It is true that I have had some experience with the disease, both in this city, during the visitation in 1876, and in some of the southern States, but in all instances my acquaintance has been with the disease in its sporadic form.

This subject is interesting now, not only from the wide-spread prevalence and fatality of yellow fever in the southern cities and towns, but also from the necessity of rendering more accurate the views that we may have of the disease.

As an evidence of the uncertainty of the views entertained on yellow fever, I will state that a reporter of one of the Baltimore papers recently interviewed a number of physicians, and published their opinions, and it was a surprising fact that most of them held opinions utterly at variance with the accepted views on this subject.

Yellow fever probably originated on the west coast of Africa; from thence it made its way to the West India Islands, and thence to this country. This view of its origin has been opposed, on the ground of the apparent non-susceptibility of the African race. We may account for their exemption by the fact that the recurrence of epidemics had in time reached most of the population; in this way an original attack secured immunity against subsequent ones. In after years this protective ceased, and it is a notable fact that in the present epidemic it has been quite fatal among negroes.

Yellow fever is unquestionably a miasmatic, infectious disease, but not contagious. The probabilities are that it is due to a living organism, and, indeed, the habits of the disease will admit of no other explanation. The poison, or germs of yellow fever enter the system, and produce the disease, but they are not capable of multiplying in the human organism, nor can they migrate from one person to another, as, for example, the germs of small-pox, hence, in this sense, yellow fever is not a contagious disease. Clinical experience furnishes abundant proof that yellow fever is not communicable directly from one person to another. Numerous experiments show that neither the inoculation of the black vomit nor swallowing of the vomited matter will produce the disease.

The identity of the yellow fever miasm with the malarial miasm, has been asserted by many authorities, but there are many grounds for rejecting this view. These objections, briefly stated, are: malarial fever chiefly affects country districts, and swampy regions, while yellow fever generally prevails in cities, and has shown itself in localities almost barren of vegetation, and unknown to intermittent fever, as Gibraltar, Island of Barbadoes, Stony Hill, Jamaica, Brimstone Hill in the Island of St. Kitts, and many other places. Yellow fever is capable of transportation; malarial is not portable. Yellow fever chiefly attacks the unacclimated, and one attack secures immunity to a certain extent, from a subsequent attack. This rule does not hold good with malarial fever. Yellow fever is not remittent in its character, and is not under the specific influence of quinia. Yellow fever does not originate *de novo* or *autochthonously*, although there are some facts that would seem to militate against this assertion. In April, 1792, the ship Hankey, in company with another vessel, left London, for the establishment of a colony on the island of Bulam, on the west coast of Africa, where she arrived just before the commencement of the rainy season. The Hankey remained at the island nine months; soon after her arrival yellow fever broke out among her passengers and crew, numbering more than 200 persons, and about three-fourths died. A new crew was made up from other ships, and the Hankey sailed for Grenada, West India Islands, reaching that port on the 19th of February, 1793. The shipping of that port was first infected, and the disease was finally communicated to the town. In 1799 the United States frigate General Green sailed from Newport for Havana; she had a stormy passage, became filled with bilge water, which, with the advent of warm weather, became very foul. Yellow fever appeared among the crew before she arrived in port, which was at the time free from disease. When she left Newport there was no sickness, neither was there a subsequent appearance of yellow fever there.

The disease made its appearance on board the United States Ship Hornet, in 1828, while lying at Sacrificios, a small island about three miles from Vera Cruz. The ship had been lying there at anchor twenty-six days when the fever broke out. There was no disease then prevailing in the city of Vera Cruz, nor was there yellow fever prevailing at any port where the vessel had touched during her cruise.

The weight of evidence bears out the conclusion that to produce an epidemic of yellow fever in any locality, the germs of the disease must either already exist, or be imported to the particular locality, and for their full development and propagation certain external conditions are necessary, as heat, moisture and filth. It has always been observed that in proportion to the mal-hygienic condition of a locality, in the same ratio does the disease prevail.

This was notably the case in Norfolk in 1852, and in Shreveport in 1873. During the present epidemic at Grenada, a filthy sewer, containing dead animals, decaying vegetable matter, etc. which had been exposed to the sun all the summer, furnished a suitable nidus for the development of the disease. While I believe the germs of the disease do not exist in the patient himself, the dejections, etc., yet they are capable of being retained in the clothing, and in this way may be conveyed to other localities. For this reason personal quarantine is not a matter of necessity, but it is always essential to quarantine the patient's surroundings. If cities and towns would require all persons arriving from an infected place to divest themselves of their clothing, baggage, etc., to thoroughly bathe, and procure entirely new clothing, the disease could be excluded.

The symptoms of yellow fever are very generally known, hence I shall very briefly refer to them. The first stage or stages of fever usually lasts about twenty-six hours. It is commonly ushered in by chilliness, fever, headache, nausea, and sometimes vomiting. In cases which are going to be grave, the vomited matters show

streaks of blood thus early in the disease. The temperature rapidly rises, but seldom goes above 25° Fahr. The pulse is generally full, strong and rapid, beating from ninety to one hundred and twenty per minute. The skin is hot and dry, the face flushed, the eyes bloodshot, brilliant and watery, and the tongue covered with a creamy white fur, but with clean tip and edges. The bowels are at first costive, but as the disease advances they become loose. After this stage has lasted a few hours or days, then comes the stage of calm. The pulse may become normal, and the temperature may regain its healthy level, or slightly above it, but the patient remains depressed and indisposed to take food, thus showing that he is not well. About the fifth day of the attack the characteristic jaundice shows itself, first in the eyes, then over the surface of the body; according to Dr. Dowell, "the skin does not turn yellow in more than one case in six, and many die before there is the least appearance of yellowness even in the eyes; not more than one in three turn yellow that dies of black vomit." The stage of calm may last from two to five days, and by good fortune or treatment end in recovery; otherwise, the third stage, or hemorrhagic stage begins; all the tissues now show a hemorrhagic disposition. The vessels of the gastric mucous membrane no longer retain their contents, the blood oozes into the stomach, and mingling with the acid is turned black, nausea ensues, the blood is vomited up, and we have thus produced the "black vomit." The urine, which throughout the attack has been scanty, now becomes either suppressed, or, if excreted at all, is black and bloody, and highly albuminous; the jaundice increases, the skin becomes dusky brown or livid, and there are frequently hemorrhages from all the mucous membranes, or beneath the skin. In fatal cases the heart's action fails, and the patient dies, either in convulsions or coma. Under the most favorable circumstances the mortality is about twenty per cent.

The most constant pathological lesions are fatty degeneration of the heart and liver.

Hemorrhagic effusions are found more or less in all the organs of the body, as well as on the mucous surfaces. The blood is dark and often fluid. The period of incubation of yellow fever varies from three hours to twenty-six days.

The most importance is to be attached to the treatment of this disease during the first and second stages. Of all the indications for treatment, probably the most important is to keep the temperature down. Of the various antipyretics cold water ranks first in importance. It may be applied either in the form of the cold bath, sponging, wet pack, or by Major's apparatus. Many years ago I had an accidental illustration of the advantage of the cold water treatment in the person of my father. On returning from an expedition to the West India Islands, the crew of the ship were stricken down with yellow fever, and it became necessary, for the safety of the vessel, for the passengers to volunteer. At the time he was suffering with an attack of the fever, and while the fever was on him he steered the ship all night in a rain storm, and became thoroughly drenched and chilled. In this condition he retired, and fell into a sleep of some hours' duration. From this time he rapidly improved, and was soon quite well.

Quinia is a powerful apyretic, but like alcohol, it is badly retained by the stomach.

At the onset of an attack of yellow fever a mild aperient should be administered. It is a safe rule to allow the patient to follow his own inclinations as to cold or warm drinks. Orange leaf tea is a favorite drink among the physicians in the southern States. During the stage of calm the patient should be kept quiet, and the diet should be light, moderate, and judicious. The limited use of wine may be permitted, but alcohol in large quantities is pernicious. The nausea and vomiting may be met with creasote and lime water, and spiritus mindereri.

Dr. T. B. Evans. I have always believed that yellow fever and malarial or bilious fever was one and the same disease. The poisons producing these diseases are similar. Yellow fever occurs in this country *de novo*, and is the result of heat, moisture, filth, and animal and vegetable decomposition. Quarantine is not, as a rule, necessary. The disease can be carried from place to place, but cannot be communicated directly from one person to another. During the epidemic at Norfolk, in 1855, the Bay Line of steamers continued to ply between this port and Norfolk, and many persons came to this city with the disease and were treated here, but in no instance was the disease communicated to others living in the city. The disease did not then prevail in Baltimore, because the soil did not exist for its production. In Louisiana the conditions favoring the development of yellow fever always exist. Proof of the identity of the two poisons is furnished in the pathological appearances. Autopsies show the same state of things in both hemorrhagic malarial fever and yellow fever. The difficulty of reaching the truth is on account of a want of a proper knowledge as to what contagion means.

Dr. J. F. McShane. The disease that made its appearance in this city in the summer and fall of 1876 was clearly traceable to importation. The first case was that of the pilot who brought the infected vessel from the capes. A lot of junk from the vessel was sold to a dealer on Caroline street, below Lancaster street; the disease now broke out in the neighborhood, and the majority of the cases were confined within a radius of two hundred feet. The locality in which the disease prevailed is probably one of the most filthy sections of the city; the inhabitants, mostly Bohemians, were extremely filthy in all their habits of living.

Dr. Evans. The first case of yellow fever that I met with in this city in 1876, was on Durham street near Lancaster street, about six squares from the locality mentioned by Dr. McShane. The patient was employed as a stone cutter,

and he had no connection with the shipping. A number of other cases appeared in this locality. My next cases were next door to the junk shop, on Caroline street.

Dr. Erich read, from the Baltimore *Sun*, an account of the skipping by the disease of certain localities in New Orleans.

Dr. John Morris. These statements are sensational in their character; they are made by reporters who are non-medical men, and are not reliable. I do not believe that the disease skips any locality. In Norfolk, in 1855, it progressed everywhere. Its progress is steady and onward, like the march of an army. I do not believe the profession are undecided as to the nature of yellow fever; there are some who still hold that it is a congestive, or an aggravated form of malarial fever, but I think it has many characteristics sufficiently distinctive to prove its non-identity with malarial fever. In yellow fever there is always albumen in the urine, and we may have it in malarial fever, but there is not present the evidences of desquamation which distinguishes yellow fever.

Dr. Erich. In some epidemics of yellow fever this skipping disposition is manifested, while in others it is not. It is a question of some interest as to how the poison of yellow fever enters the system; if it enters through the lungs, in the inhaled air, then the disease would not be confined to any particular locality, but would extend everywhere. If it is traceable to the drinking water, then we can explain the localization of the disease.

In the epidemic in this city, in 1876, the disease was confined within two distinct circles. The inhabitants of both of these localities were supplied with drinking water from pumps. Yellow fever developed itself on board of a ship, the name of which I cannot recall at this time, and was confined to the inmates of the cabin, who drank water that was taken on board at one of the West India islands, while the crew, who drank European water, were entirely exempt. The question may be asked, if the poison enters the body through the drinking water, why is it that frost puts an end to the disease? The germs of the disease are deposited from the air, and taken up by rain water, which percolates through the earth and makes its way into the wells. The advent of frost kills the germs in the air, hence living organisms can no longer be deposited on the surface. The germs of the disease many times continue to live in dwellings that are artificially heated, even after the advent of frost.

The history of some epidemics of yellow fever furnishes proof that the drinking water is the means through which the poison enters the body.

Toward the last of the past century epidemics of this disease occurred in Boston, New York and Philadelphia, but since the cities receive a clean and pure supply of water through the hydrant system, the disease never appears. Before the germs are wafted to the distant water sheds frost makes its appearance and destroys them.

Epidemics of the disease occur now, generally, in places where the population receive their drinking water from pumps. On shipboard the water casks are many times left open and exposed to the air. New Orleans has only recently been supplied with hydrant water, which, thus far, is not very extensively made use of for drinking purposes. Dr. Dowell says: "New Orleans has been greatly improved by its water works, and its mortality has been greatly reduced, since 1853, though the inhabitants have increased."

Dr. Lynch. Any disease germ may enter the system through the medium of the drinking water, but not exclusively so. To again refer to the etiology of yellow fever, I must say that, besides the facts previously mentioned, I have met with many cases of hemorrhagic malarial fever, and have always recognized a clinical history differing from that of yellow fever.

Dr. Evans has inquired the difference between contagion and infection. I will briefly answer the question. If we narrow the limits of the definition to each term, *contagion* may be restricted to the communication of a disease by direct contact, or by contact with a palpable morbid product; for example, syphilis. On the other hand, *infection* may be used to denote communication by means of an inappreciable emanation or miasm, or communication with the intervention of more or less space, and not by direct contact; for example, typhoid fever. Some *infectious* miasms or germs are propagated in the patient's body, and are communicated to others through a limited space. Such diseases are, for convenience sake, frequently termed contagious; for example, scarlatina. In other infectious diseases the *miasma* finds a suitable soil for its propagation outside of the body. The disease under consideration furnishes an example.

Suggestion for the Prevention of Scriveners' Palsy.

The North Carolina *Medical Journal* says of this condition of fatigue of the fingers and hand which precedes writers' palsy—

The pen should be taken between the forefinger and the one next to it, after the fashion of phonographers, and only held loosely in position by the natural contact of these two fingers, while the forefinger, middle finger and thumb rest in loose contact with the pen holder. The motion then is gliding from left to right, the up and down strokes being performed mainly by the motion of the wrist. With a lead pencil there is no easier way to write, and a little practice enables one to acquire a legible hand; and there need be no obstacle to writing with a pen, as suitable instruments in gold and steel, with their nibs bent to the left, are easily procured from stationers.

This new position of the pen enables the writer to rest his forefinger and thumb, and after the lapse of months he may return to the more familiar way, for special occasions.

EDITORIAL DEPARTMENT

PERISCOPE.

The Combination of the Cinchona Alkaloids with Opium.

Several recent writers have urged the value of this combination. It is one perfectly familiar to Southern and Western physicians. Dr. P. G. Skillern claims, in the *Medical Times*, that—

1. By a combination of the cinchonia alkaloids with opium, a much better effect is obtained; a paroxysm being aborted with much more certainty, and a much earlier and more complete cure insured.

2. Only half the amount of quinia or cinchonia is required.

3. It relieves any painful sensations which might be associated with periodic affections.

4. Exemption from certain disagreeable effects upon the brain, headache, tinnitus aurium, etc.

5. It enables the stomach to retain quinia much more readily.

6. Large and continuous doses of quinia or cinchonia may be given without producing cinchonism, if combined with morphia.

Venesection as an Anti-Hemorrhagic.

Professor Chauffard is of opinion that at the present time venesection is too much neglected, and especially in cases where it is desirable to open up another channel for blood which tends to become effused at the surface of an organ. He pointed out a case of hæmoptysis at the Neckar, occurring in a robust young man who was almost plethoric, a stone cutter by trade, and therefore of an occupation dangerous to the pulmonary organs. A very abundant hæmoptysis had appeared suddenly three days before his admission, and still continued. Professor Chauffard, having ascertained that no serious lesion existed, ordered venesection to the extent of five hundred grammes, and the cure was immediate and complete. This is the reverse of what is met with when a normal hemorrhage which is suppressed gives rise to another in its place. It is not only an accidental hemorrhage which may be thus arrested, but also the hemorrhagic molimen, when it becomes dangerous. Thus one of the most important applications of venesection in practice is for the prevention of catamenial congestions persisting after impregnation and leading to the detachment of the germ, a cause of sterility which is frequently misunderstood. A case in point is that of a lady who, during a period of ten years, repaired to every resort reputed as useful for the prevention of sterility. She was a stout and plethoric person, with very abundant menstruation, which appeared at regular periods. In neither her nor in her husband was there any cause preventative of impregnation. This had probably taken place, but had been rendered invalid by reason of the abundant periodical discharge which had continued. The day before the expected period a small quantity of blood was taken, and then again the next day; and at the end of nine months the lady had her first child; which was followed by others. This cause of sterility, especially in persons of generous blood, is by no means rare.

On Supernumerary Breasts.

The following are the conclusions which Dr. Godfrain arrives at, in a carefully worked-out thesis upon this subject:—1. Supernumerary breasts are rare. 2. They are of the same structure as the normal breast. 3. They are met with most frequently two in number, less often one, and rarely three. 4. Their most common seat is the axilla, and this site is explained by the frequent existence of axillary prolongations of the gland. 5. Some of the supernumerary breasts have, as points of departure, a pediculization, and a migration of the glandular lobules—analogous to the migratory tumors of the breast. 6. These supernumerary breasts may exist with or without nipples, and in the former case the milk secreted resembles that of the normal breast. 7. The above characters of the supernumerary breasts enable us to distinguish them from tumors; but in some cases, in which consecutive alterations take place, their diagnosis may become very difficult or even impossible.

Therapeutic Uses of Sulphate of Copper.

From a sketch of the pharmaceutical history of this drug in the *Practitioner*, we learn that in 1789 Wright employed it as a diuretic in dropsy, and subsequently it was recommended by Hufeland in severe neurosis; by Winter and others as a specific in epilepsy, and by others in catalepsy and chorea. Brera used it in gastralgia with success, Stienbach in pertussis, Storer in hysteria, and Brendt in diabetes. The general result of the observations made by these authors was to show that copper possessed a well-marked anti-neuralgic and anti-neuritic action, and that it was capable of modifying various conditions of innervation. Subsequently Guersent and Pecholier obtained excellent results from its use in scrofulous and rachitic diseases, while Rademacher, Gubler and Schroeder v. der Kolk found in it a reliable and powerful hæmatinic and general tonic. The celebrated powders of Smith, used in intermittents and in obstinate remittent fevers, contained ten parts of sulphate of copper, one part

of kino, and two parts of gum-arabic. The statements of veterinary surgeons are unanimous in favor of the value of sulphate of copper in glanders, farcy, anæmia, hydræmia, and in inveterate cutaneous diseases. The opinion expressed by Barrallier, that small doses of sulphate of copper act silently, and permit the metal to be placed, as a pharmaceutical agent, by the side of silver, platinum, gold, manganese, and even iron, has received support from the discussion lately carried on in the Society of Biology, of Paris; for while Christison, Orfila and others, appeared to have established without a doubt the toxic action of sulphate of copper, Bourneville gave no less than 1000 grains to an epileptic, in the course of 151 days, and when death at length occurred, from other causes, found that the mucous membrane of the intestine presented no structural alteration. Drs. Levi and Barduzzi undertook some original investigations on this subject, and found that the salt might be given in considerable doses without injury to the horse, ass, dog, and to man; that it was not only tolerated by the stomach and intestines, but that it increased the activity of the nutritive processes, and that it might truly be called a "recorporant." These effects they attribute to its causing excitation of the gastric secretion, and at the same time exerting an astringent action on the secretory tracts and on the vessels, everywhere augmenting the contractility of the unstriated muscular fibre, thus effecting a more complete performance of the digestive process, in consequence of which, again, more material is absorbed and thrown into the circulation.

The Determination of the Cardiac Triangle.

Dr. Constantine Paul proposes the following method, in lieu of those at present in use, in order to determine the cardiac triangle. It is necessary to begin by precisely fixing the point corresponding to the apex of the heart; this point being found, its relations must be determined with the points of the thorax more fixed than it; the nipple will not serve as a landmark, by reason of the variability of its position in different individuals; it is necessary to designate the intercostal space at which the apex beats, and to measure the distance between the spot at which the pulsation is perceived and the medium line of the body. This done, the outer border of the liver is determined by percussion; and this line, which is a little below the real line, being extended to the region of the point of the apex, affords the indication of the right border of the heart. To obtain the right and inferior angle, the lung is percussed in the transverse sense, and the zone of dullness is reached which corresponds to the limit of the auricle. This method of insuring the extent of the cardiac triangle allows us, according to M. Paul, to easily define the changes in the size and position of the heart. He presents a series of observations on ventricular hypertrophy, with schematic figures in support of his view.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A clinical lecture on hydrocele, by Dr. J. H. Pooley, of Columbus, forms a pamphlet of twenty pages. It does not contain any new suggestions on the subject. Dr. Pooley uses iodine injections, and his success with them seems fully up to the average.

——From the opening discourse pronounced by Dr. T. E. D. d'Orsonnens, Professor of Chemistry and Obstetrics, at the thirty-sixth opening of the faculty of medicine of the University of Victoria College, Montreal, it appears there is a probability of the medical faculty hereafter becoming attached to the Laval University, a Roman Catholic institution. As the medical school is entirely Catholic in its sympathies, Dr. d'Orsonnens urges that such a union would be highly desirable.

——A neat little quarterly of 22 pages, edited by Dr. G. Beck, of Bern, Switzerland, has been started, which has for its field "medical polytechnics," that is, the description of all instruments of precision, apparatus, and mechanical, electrical and chemical aids to diagnosis and therapeutics, in medicine, surgery and obstetrics. The title is "*Illustrirte Vierteljahrschrift der ärztlichen Polytechnik.*" Price 5 francs a year, exclusive of postage. If it steers clear of becoming an advertising sheet (of which this first number leaves us in some doubt), it can be made a valuable journal.

——"Refracture for the Relief of Deformity Following Badly-treated Fracture of the Extremities, Illustrated by Cases Treated in the Pennsylvania Hospital," is the title of a pamphlet of 27 pages, by Dr. John B. Roberts, of this city. The matter was first published in the Edinburgh *Medical Journal*, and will be found an important contribution to this branch of surgery.

——The Charter and By-laws of the Mutual Aid Association of the Philadelphia County Medical Society may now be obtained in pamphlet form. As they are the outcome of careful consideration by its most competent members, assisted by eminent counsel, we recommend other medical societies proposing similar organizations to procure a copy. The secretary is Dr. Blackwood, 246 N. Twentieth st., Phila.

BOOK NOTICES.

Traité de Thérapeutique appliquée basé sur les Indications. Par J. B. Fonssagrives. Tome I, pp. 810; Tome II, pp. 752. Paris, 1878.

In these large octavo volumes of nearly 1600 pages is collected a mass of well-digested learning, which does the highest credit to the author. Dr. Fonssagrives is professor of therapeutics and materia medica at Montpellier, and has long been known for his very popular and able works on hygiene. He also published, in 1875, a treatise on general therapeutics, from the physiological point of view. In the present work he takes up the art from its practical side. The originality to which he lays claim is that of a classification of therapeutic resources based on *the indications*. It is not possible, in the limits of such a notice as this, to do more than sketch in a superficial manner the elaborate system he constructs; but we shall give its outlines.

All scientific medication must aim either to bring about some physiological action; or else it must be aimed to remove some existing hindrance to the return to health. Hence, most medication is *biocratic* (directed to controlling the vital functions) or *etiocratic* (directed to controlling the causes of disease). In the former class come the stimulants and depressants of the nervous system, the modificators of the force and quality of the blood, the circulation, the secretions, of nutrition, calorification, generation and other functions. In the latter class are obviously ranged those agents which remove or alter the diatheses and dyscrasiæ, which neutralize miasms, septic and other poisons and virus, which destroy parasites, and are antidotal to active toxical agents. There is still a third class of remedies, those which, by creating artificially a pathological condition, remove another and more serious one already existent These are the *nosopoietic* remedies, and embrace bleeding, counter-irritants, vesicants, cauterants, etc.

These, then, are the three great classes under which our author groups remedial agents; or, more correctly speaking, they are the three grand therapeutical endeavors, in aid of which he marshals, inspects and arranges the resources of the materia medica.

It will be seen that his plan is at once eminently philosophical and eminently practical. We know none more so. To be sure, his book is not one for the student to learn his materia medica from; it is rather the treatise for the thoughtful practitioner to call to the assistance of his already ripe culture and mature judgment. It is a fit implement for the master workmen, not a tool for the apprentice.

We need not add how wide a scholarship it displays, nor pay compliments to the style, for in those points Professor Fonssagrives has a reputation which needs no extension. But we may call attention to the full indexes which close the work, as they are a rare phenomenon in a French book, most of the authors of that nation having the inexcusable negligence of letting their works appear without any index at all, or none worth the name.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. viii: Diseases of the Chylopoietic System. William Wood & Co., New York city. pp. 935.

This thick volume, of nearly a thousand pages, has a list of eight contributors, and presents the same thorough treatment of the topics it includes as its predecessors. Indeed, it is somewhat exhausting, from its fullness. For example, Dr. Friedreich gives us eighty pages on diseases of the pancreas, a subject to which Bristowe devotes but a page, and even such a voluminous writer as Aitken omits altogether. But the fact remains that in spite of Friedreich's fullness not a disease of the pancreas can be diagnosed.

Under diseases of the spleen Mosler gives a very learned disquisition on leucæmia, a subject to which German writers have devoted amazing attention, as they claim it as a discovery of their countryman, Virchow.

Diseases of the bladder and urethra are treated by Lebert, and of the male genital organs by Curschmann. In his discussion of spermatorrhœa the latter maintains the position, in strong contrast to Lallemand and his disciples, that in most cases the mental symptoms, though not obvious at first, constitute the primary condition, and the sexual phenomena depend upon them.

The remaining sections are on diseases of the œsophagus, by Bauer and von Ziemssen; diseases of the peritoneum, by Bauer; and diseases of the supra-renal capsules, by Merkel. The typography, paper and binding of the book are like the previous volumes, that is to say, all that can be asked.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
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1879.

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THE FREQUENCY OF UNRECOGNIZED HEPATIC ABSCESS.

A number of articles in various medical journals recently, have called attention to the frequency of obscure and unrecognized hepatic abscesses. Thus, Drs. DAVIS, TANSCKY and HAMMOND, of New York, and Drs. DRUDE and BYRD, of Quincy, Illinois, have all written very instructive papers on the subject within the last six months. Often there is no sign of these abscesses; they are small, deeply seated, devoid of perceptible fluctuation, and wholly painless. The symptoms are general, often almost wholly cerebral. Profound depression of spirits always is present; indeed, Dr. HAMMOND teaches that where this is encountered without obvious cause, it is well to plunge the aspirator needle into the liver, as a venture. It is, he says, a certain means of diagnosis, and not dangerous.

Probably the most frequent origin of these abscesses is in malarial poisoning. Few physicians are sufficiently impressed with the pathological changes which the liver undergoes in miasmatic disease. Lardaceous changes and local congestions are probably the most common. Chronic hepatic congestion is as common as "ague cake" in the lowlands of the South and Southwest. Dr. JOHN SULLIVAN, in an article in the *Medical Times and Gazette*, recently (July 27th, 1878), has called the attention of the profession to the frequency of these degenerations. The substance of the liver is enlarged and softened; its tissue presents a variety of shades of color, the effects of altered secretion.

"The poison of malaria affects the texture and functions of the liver. The subject of marsh cachexia is jaundiced, because the normal metamorphosis of the bile is interfered with. He is pale and anæmic; his heart beats with a sense of suffocation and giddiness; his gait is slow and painful; he is sad and careworn; he labors under ascites or serous infiltrations; he is subject to alternations of heat and chills, because the process of oxygenation in the liver and the functions of sanguinification and of depuration of the blood are interrupted.

"A patient who suffers from a structural or functional disease of the liver, through the con-

tinued but slow and insidious operations of marsh malaria, may drag on a painful existence for months and years. He relapses, he declines, and finally succumbs to the influence of a melancholy cachexia."

It has, indeed, been maintained by other observers, Dr. W. Coles, of St. Louis, for example, that the assertion that hepatic abscess is frequent, is not well founded; and that the free use of the aspirator is by no means without serious risk to the patient. Cases of death are quoted, following its employment.

To this it is replied that even such a simple operation as aspiration must be guarded by all the surgical precautions which every operation demands, and must be undertaken with an accurate knowledge of the anatomy of the parts. The fatal cases arose from ignorant or careless use of the instrument.

At present, the discussion is at an interesting point, and we look forward to further inquiries which will enlighten us on this important lesion.

Notes and Comments.

Recent Notes on Salicylic Acid.

At a late meeting of the Boston Society for Medical Improvement, Dr. Wheeler spoke of an eruption which he had observed follow the use of salicylic acid in rheumatism. It consisted of vesicles and pustules seen on both extremities. There was much sweating, and the patient died a few days later, of some complication. The eruption diminished after the discontinuance of the acid.

On the other hand, at a recent session of the Richmond, Va., Academy of Medicine, Dr. J. N. Upshur reported several cases of typhoid fever and scarlet fever, in which he had used the above remedy with gratifying results. In cases in which temperature ranged from 102° to 104½°, by the exhibition of ten grains of salicylic acid in a saturated solution of phos. sodii every two hours, the temperature was reduced to 101°, above which it did not again rise. The above mixture was continued in the same doses every two hours for four days, then every four hours for six more days. The patient rapidly recovered. The case is from the *Southern Clinic*, for October.

Dr. B. W. Hazard writes, in the St. Louis *Clinical Record*—

Among the external uses of this acid I take occasion to again refer to its employment in wounds, burns and scalds. I usually prescribe it with cosmoline, in the proportion of ten grains to the ounce. Suppuration is reduced to a minimum, and the processes of repair go on without interruption.

I have found a solution of the acid in Bay rum, ten to twenty grains to the ounce, a most effectual application in dandruff (pityriasis capitis), a half dozen or less times applied, and the scales disappear. It is just as effective, and a far more agreeable application than a solution of chloral hydrate.

In rheumatism the drug holds its place. Mr. E. Prideaux says, in the *Practitioner*—

The results of the treatment of acute rheumatism by salicylic acid are now almost fully determined, and from the great amount of recorded and accumulated experience of its action, its beneficial effect may be considered as proved. From an experience of about forty cases I find that it cuts short the disease, so that it now lasts as many days as it did weeks formerly; it quickly reduces the temperature and keeps it down while the poison is eliminated from the system, if it does not have a specific action upon the disease itself, and by thus lessening the duration and intensity of the disease it lessens the probabilities of complications, more to be feared than the disease itself; and this it does in a way which cannot be hoped for by the use of any other remedy. It is true that a few failures have occurred in its use in the treatment of this disease, but in the larger number of these failure has evidently been due to timidity in dosing and in administering it frequently enough, for the drug is so rapidly eliminated from the system that unless its effects are kept up by hourly or very frequent doses for some time, it is not of much avail.

Treatment of Enlarged Glands in Scarlet Fever.

A correspondent of the *Lancet*, writes—

I have lately adopted a very simple method of preventing the great suffering which little patients sometimes have to undergo from enlarged glands in scarlet fever. The attendant is directed, on the slightest indication of enlargement, to rub gently into the neck, every two hours by day and every four at night, the linimentum ammonia, with a little tincture of

opium added; each application to last ten or fifteen minutes; and, to ensure the necessary perseverance, warning is given of the probable serious consequences should the enlargement continue. I have recently had a large number of cases of scarlet fever, some of them severe; but I have had no enlarged glands. The friction obviously prevents the collection of morbid material in the gland and subsequent adenitis.

Velocity of Nervous Transmission.

The *Comptes Rendus* contains some interesting accounts of the experiments of M. Chauveau on this subject. He presented two series. In the first, he compared the velocity of transmission in the nerves of the laryngeal muscles (red voluntary muscles), and in those of the cervical position of the œsophagus (red involuntary muscles). In the second, the comparison was extended to the nerves of the terminal portion of the œsophagus (pale involuntary muscles). He finds that in the motor nerves of the red involuntary muscles the velocity of transmission of centrifugal excitement is about eight times less than the nerves of muscles which have an identical structure, but which belong to the portion of the muscular system that is controlled by the will.

The Position of a Medical Expert.

A reviewer of Dr. Ogston's "Lectures on Medical Jurisprudence" observes that Dr. Ogston points out what cannot be too forcibly dwelt upon, for it is a principle underlying the whole question of medical jurisprudence, viz., that the medical man as an expert is practically a scientific witness, and being such, and such only, he must carefully refrain from exercising the prerogative of a judge. The law requires medical evidence to aid, not to direct, its decisions. This teaching is so sensible that we are tempted to quote the dictum of an old hospital lecturer on forensic medicine: "The duty of a medical expert is to state facts, and if called upon he should be prepared to explain them."

Varieties of Medical Specialism.

In an introductory lecture at St. Thomas' Hospital, London, Mr. E. Nettleship observed in regard to this subject as illustrated by ophthalmic surgery, three stages might be recognized in medical specialism: the first or empirical stage, based on the need for special dexterity in certain operations; the second, or encyclopædic, in which the practice of eye surgery was joined with general surgery, and the special branches of practice were in the hands of the best surgeons of the day, who were but seldom specialists (16th, 17th, and 18th centuries). The continued action of the causes which produced this stage have led, in the last half century, to a great increase of specialism and specialists, the progress of knowledge and multiplication of resources having made it impossible for any but men of the highest ability to cultivate thoroughly the whole field of modern medicine (third stage). However much we may regret this modern subdivision of labor, as fostering narrow habits and exclusive views, and as tending to an over-estimation of the importance of trivial complaints, we must accept it as an essential condition for most of us if we wish to attempt thorough work.

The Syrian Cure for Hydrophobia.

The following description of the Syrian cure for rabies is given in the *British Medical Journal*. It is probably as successful as others, and more agreeable than most. The person bitten by a mad dog is subjected, for forty days, to a strict vegetable diet; he is then made to pass every night, from the fortieth to the fiftieth day, without sleep; and to keep him awake, he is surrounded by musicians and dancers with instructions to amuse him. In the morning, shrouded in a large cloak, or with a thick bandage over his eyes, he is led to the seashore, or close to a sheet of water. There, at the moment when the sun rises, his eyes are rapidly uncovered, and at the same time a large quantity of water is thrown in his face. Several Arabs said that they had seen this treatment succeed, and they had great confidence in it.

The Frequency of Uterine Displacements.

We remember to have heard the late Dr. Charles D. Meigs state his belief that at least 30,000 women in Philadelphia were at one time suffering from womb disease. In the October number of the *American Journal of Obstetrics*, Dr. D. C. Wade writes—

It is the result of my observation that a large proportion of women suffer from uterine displacement, and that young ladies are not less prone to these diseases than are matrons. It is further observed that many consecutive diseases are banished upon the removal of this their cause; and I wish to impress upon all

the absolute necessity of giving the uterus particular attention in all cases where it may be supposed to be implicated.

Mosquito Bites.

An exchange tells us that the best preventive of mosquito bites is to smear the face and hands with half a drachm of the oil of cloves or cinnamon, rubbed up with an ounce of spermaceti ointment; and that to allay the smarting they produce the handiest remedy is to rub the bitten part well with strong soap, and hold it under a stream of water.

Batiator Root.

This is a new emetic root from Senegal, now propagated in France from seeds. It has properties very similar to ipecacuanha, and is given in similar doses.

CORRESPONDENCE.

The Sense of Voluntary Power.

ED. MED. AND SURG. REPORTER:—

My attention has been directed to a brief editorial comment, appended to a letter of mine, with the above caption, in the REPORTER for Nov. 9th.

The views of Dr. Brinton relative to general psychology are well known to the readers of this journal; they are also stated with sufficient clearness in his thoughtful treatise on the "Religious Sentiment, its Source and Aims."

According to this modern psychology (with which in the main I fully agree), sentiency is a property, not merely of the brain proper, but of the whole nervous system; wherever there are ganglia and nerves, there is sensibility. Every ganglionic excitement, whether cerebral, or spinal, or sympathetic, gives rise to sensibility; this view, as Bain well remarks, "seems a more likely supposition than that sensibility should attach to certain ganglia (those in the cerebrum), and be absent from others made up of exactly the same combination, of the same nervous elements."*

In ascribing sentiency as a universal property to nervous ganglia, we have not even yet touched bottom. If we pursue the analysis still further, we shall find the same fundamental mental characteristic in the undifferentiated protoplasm: "The human mind is a memberment of infusorial sensation," said Oken, in 1804; "this phrase," says Dr. Brinton, "has been the guiding principle of modern psychology." † Wherever you see living protolapsm responsive to a stimulus, protoplasm in animal or vegetable, there you see sentiency, there you see mind; so says Dr. Brinton, and so says Spencer and Lewes, and Ferrier, and Nägeli, and Taine, and hosts of modern psychologists. But why stop here? Why not push the line of argument into the inorganic world, and with Haeckel see love and hate in the attractions and repulsions of atoms? Why may not the magnet be presumed to have something akin to love for the iron which flies to its embrace? *

Without, however, unnecessarily pressing the theory into the inorganic world, it may be safely affirmed that the study of comparative Physiology and Psychology does confirm the evolutionary theory of mind, so well epitomized by Von Nägeli.† "From the clearest consciousness of the thinker, downward, through the more imperfect consciousness of the child, to the unconsciousness of the embryo, and to the insensibility of the human ovum, or through the more imperfect consciousness of undeveloped human races and of higher animals to the unconsciousness of lower animals, and of sensitive plants, and to the insensibility of all other plants, there exists a continuous gradation without definable limit."

It is not my purpose to go into an extended analysis of this theory, so plausible, if the hypothesis of evolution be sound; in fact, granting the hypothesis, it is hard to see how any other theory can stand.

In the development of higher organisms, and the elaboration of a complex nervous system, super-added to the simple nervous arcs of the lower organisms, certain protective ganglia of a higher order are evolved; any considerable stimulus awakens not merely one ganglion, but several; there is now what is called a "diffusion of nerve currents;" "local feelings fuse into a collective feeling," or "a combined tone, the resultant of all the separate tones;"‡ there was first sentiency, there is now consentiency; finally, when we arrive at the complex cerebral apparatus of the higher mammalia, we find sentiency associated with thought, reflection, comparison (the memory of past experience) and consentiency becomes consciousness, sensori-motor action becomes conscious effort; in short, we have volition. Let me quote a few paragraphs from G. H. Lewes.

"The gradations of sensitive reaction are sentiency, consentience, and consciousness."

"The reflex mechanism necessarily involves sensibility; reflex actions may be unaccom-

* Bain, *Emotions and Will*, Eng. Ed. 1865. p. 600. Appendix A.

† "*Religious Sentiment*," p. 61. The author here appends a judicious qualification: "That in the cour e of this memberment or growth, wholly new faculties are required, is conceded. As the union of two inorganic substances may yield a third, different in every respect from either, . . . so positively new powers may attend the development of mind. From sensations it progresses to emotions, from emotions to reason."

* Virchow, in reply to Haeckel, in his address to the German Association of Science, delivered last fall, admits that it may be so, but such analogies are very misleading. Virchow meets this speculation in a fine vein of ridicule.

† *Nature*, October 25th, 1877. It is necessary to point out that Nägeli here uses terms in their popular acceptation.

‡ Bain. Loc. Cit., p. 600.

panied with consciousness, and yet be sentient; the feelings are operative, though not discriminative."

"Sentiency has its various modes and degrees, such as perception, ideation, emotion, volition, which may be conscious, subconscious, or unconscious. Between conscious, subconscious, and unconscious states, the difference is only of degree of complications in the neural processes, which by relative preponderance in the consensus determine a relative discrimination."

"There is no real and essential distinction between voluntary and involuntary actions; they all spring from sensibility; they are all determined by feelings."

"All actions are reflex, all are the operations of a mechanism, all are sentient, because the mechanism has sensibility as its vital property."*

I opine that the above propositions, which will appear startling to many readers of the REPORTER, have very much justification in comparative psychology, and they may possibly hold their ground till the long guns of the Boston "Monday Lectureship" are directed at them, when they must fall, for they savor of rank heresy, call the doctrine "organicism," or call it what you will.

After all this explanation of views which are the outcome of the exactest scientific method, and which I am inclined to endorse, and with this concession, that there is no absolute line of demarcation between voluntary and reflex, between sentiency, consentiency and consciousness, I yet maintain that for all practical purposes there is such distinction. I affirm that in my letter of November 9th I used the word voluntary in the popular acceptation of the term, and was justified by the best authorities in so doing. Thus, Flourens, in describing the reflex movements of decapitated animals, asks, "Do these phenomena indicate a residuum of will? No, they are purely mechanical; they are sensori-motor acts, in which intelligence and will take no part."†

Vulpian describes similar exhibitions in the same language. I need not refer to Carpenter, Flint, Draper, and other eminent physiologists, who use the words voluntary, conscious, etc., to express products of the higher cerebration; even philosophers like Lewes, do not, in common parlance, make consciousness the synonym of sentiency, or speak of reflex action as voluntary. Whether, as Draper teaches, there be, in the human organism, "automatic arcs," and "influential arcs," essentially distinct and different, as wide apart as heaven and earth, for the boundless ocean of the immaterial lies between them, or whether, as I believe, this distinction be only fanciful, there is, nevertheless, a difference in degree between the automatic and the volitional, which justifies the common phraseology, and justifies me in affirming as a heresy the doctrine of Dr. Dowler (and with this I close), "that voluntary motion is neither directly communicated from, nor regulated by, the brain;" that the muscles in connection with the spinal cord perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord."

In so far as the word voluntary is concerned, I reiterate my entire disbelief in the above proposition.

E. P. HURD, M.D.

Newburyport, Mass.

* *Physical Basis of Mind.* American edition, p. 403.

† Quoted by Vulpian.

The Decimal System.

ED. MED. AND SURG. REPORTER:—

I certainly think the profession and the public generally are under obligations to the REPORTER and Dr. Oldberg for the very clear statement of the metric system (see REPORTER, July 27th, 1878). I shall not attempt to make any improvement on the communication, but merely wish to impress more deeply the idea of comparing the metric system to our decimal monetary system. Liken the gram to one dollar, the centigrams to cents, and the decagram to an eagle, and the whole matter is simple and plain. And this rule is applicable to the measures of length. Call the meter one dollar, and the other divisions and multiplications become easy and natural.

Here let me enter a protest against the multiplication of tables. Dr. Oldberg well says gram, centigram and milligram are all the terms necessary for the physician, chemist or druggist. A table of measures by weight, and a table of measures by length, is all that the profession or the public in general need to know. Why have a table of superficial measures, a table of solid measures, and a table of measures of capacity, when the table of measures of length will answer every purpose? Abolish or ignore liter, are and stere, and their derivatives, and a huge stumbling block in the way of the adoption of the metric system is removed. Certainly it is easier to comprehend one hundred square meters than it is one are. A cubic meter comes more clearly in the mind than does one stere. And as to liter, almost everything merchantable can be bought and sold by weight; so let us abolish the measures of capacity of squares and cubes at once, as superfluous and complicated.

Physicians are the only active reformers we have. Here is a reform subject to no possible objection, and the more one studies it the more he wonders that it has not been long ago adopted. It is applicable to every department of human knowledge and industry.

A writer in the *Popular Science Monthly* says the attempt to measure time by the metric system was a total failure. Why not measure time as well as the distance between two towns? Nothing but stupidity or obstinacy stands in the way. Divide the clock dial into ten parts; call the day one meter long instead of twenty-four hours. Each of the ten parts can be

called decimeters. Divide again into centimeters and millimeters. Put on two, three or four hands, as may be necessary, and the one hundred-thousandth part of the meter (one day) can be clearly indicated. Roman clock dials are divided into twenty-four hours; why not into ten decimeters and their metric subdivisions equally as well?

Again, what "rhyme or reason" is there in the arbitrary statement that every circle, from the celestial meridian to a pin's head must be divided into three hundred and sixty degrees? As meter means measure, why not say all circles are one meter, and then divide them into deci, centi, or millimeters as may be required? Other examples might be given proving the complete adaptability of the system to every department of science as well as industry.

It would be well if we knew where the weights and measures spoken of could be obtained; but any physician or any person of ordinary skill as a mechanic, after reading Dr. Oldberg's article, can make a set of weights which will not "turn in the estimation of a hair," as Portia said to Shylock, from the true metric, or as I prefer to call it, decimal system. Another question: Will some one inform your readers where decimal or metric clocks, as above described, can be obtained?

Canyonville, Oregon. C. H. MERRICK, M.D.

Tolerance of Hydrate of Chloral.

ED. MED. AND SURG. REPORTER:—

Dr. Frank Woodbury's article on "Chronic Chloral Poisoning," in the REPORTER for Nov. 9th, 1878, recalls to mind a case of great tolerance of hydrate of chloral without any bad results.

Several months ago I was called to attend Dr. Mc., aged about 30, who had been on a debauch for two weeks. Found him very much prostrated and on the verge of delirium tremens, but still rational enough to converse and tell me his condition, etc. I prescribed the following—

R.	Hydrat. chlor.,	ʒiv	
	Potass. bro.,	ʒvj	
	Tr. valerian.	f.ʒij	
	Aq. cinnamon. q.s. ad	℥iv.	M.

SIG.—Teaspoonful every two hours until quiet.

I remained with him until the medicine arrived, and gave him a tablespoonful and directed him to take a teaspoonful in two hours, if he was not relieved. This was about 1 P.M. I saw him again at 4 P.M., and was much surprised to find him still awake and restless. Asked him if he had slept any; he said "No, and I don't feel anything like sleeping, but feel a little quieter." Asked him if he had taken the teaspoonful as I had directed. His answer not only surprised, but frightened me. "Yes, I have taken it all." I picked up the bottle, and sure enough, it was empty. He said that he had taken the last dose a half an hour before I came; consequently he had taken 240 grains of hydrate of chloral in three hours and a half, and still he was not sleepy. The only effects visible were an excessively rapid, irregular and intermittent pulse, hallucinations, confusion of thought, slight dyspnœa, flushed face, and intensely injected eyes.

I remained with him until 9 P. M., when he went to sleep, and slept, off and on, for thirty hours. He remained in his room for two days, and then started for his home, feeling no worse, nor no bad effects from his large dose of chloral.

The chloral used was an excellent preparation, and the prescription was prepared by a reliable druggist, consequently I am positive that my patient took 240 *grains* of chloral in *three hours and a half*, and without any bad results. He informed me that he had never before taken hydrate chloral. Very respectfully yours,

J. N. DIXON, M.D.

Springfield, Ill., Nov. 17th, 1878.

Yellow Fever—Is it Personally Contagious or Not?

ED. MED. AND SURG. REPORTER:—

Surgeon General John M. Woodworth uses the following language: "The weight of scientific evidence seems to warrant the conclusion that yellow fever is produced as an invisible poison, capable of *self multiplication* (italics mine) outside of the human organism, which it enters through the air passages." Again, he says, "It is capable of being transported in the clothing or (other) personal effects of passengers and sailors, but its spread from one city to another is chiefly accomplished by vessels, their damp filthy holds and bilge water being its favorite lurking places." And again, "Yellow fever is *not communicated from the sick to the well* (italics mine), the sick and well being only dangerous as possible carriers of the poison germs or miasm."

Frederic T. Roberts, M.D., B.SC., M.R.C.P., in his book on the "Theory and Practice of Medicine," uses the following language (1874):—

"It is by no means agreed upon, whether it (yellow fever) is due to malaria, or whether it is a specific disease propagated by contagion. Most authorities maintain the latter view, holding that the *true* fever is of the *continued type*, but that it may be simulated by some malarial fevers of a remittent character." There appears to be strong evidence to prove that the disease may be conveyed by infection, etc. Again, he says: "Fomites may be the means of propagating it." Here, then, are antagonistic views. The language of many other writers might be quoted on either side, but this shall suffice. When Surgeon Woodworth, as the representative of the non-contagious (personal) party says, the "invisible poison (of yellow fever) is capable of self-multiplication *outside of the human organism*," (italics mine) are we to infer that it is *only* thus multiplied, and not at all by the "human organism?" If that is the view, how are we to account for the rapidly fatal termi-

nation of so many thousands of cases? Can it be *possible* that the mere inhalation of a few "poison germs," into the "human organism," *without further multiplication* in it, can, like the poison of a serpent, so rapidly destroy its vitality?

On the other hand, if the "poison germs" rapidly multiply in the "organism" (as *leaven* in a lump of dough), their *destructive* effects would not be so astounding. But in that case another difficulty looms up, more extraordinary and unaccountable than the former, viz., that the poison germs of yellow fever may "multiply" in the "human organism," to its *entire* destruction (vitally), and those germs be propagated to *all* contiguous *inanimate* bodies, as clothing, bedding, furniture, and other "personal effects," but *not possibly* to another "human organism," *except* they have *first adhered* to the fomites mentioned. Then, indeed, do they become dangerous in the extreme! How astonishing the developments of science! The "human organism," dying or dead, but a *mass of poison yellow fever germs*, may not possibly communicate them to a living "organism," but to fomites, *ad infinitum*, and those fomites, in their turn, to "human organisms," without limit!

This reminds me of the historical fact, that for the first thousand years of the existence of the small-pox (as known to history), it was declared by the medical world to be "non-contagious." But "history repeats itself."

J. H. Nowlin, M.D.

Little Rock, Ark., Sept. 12th, 1878.

Imbedding of a Piece of Tooth in the Tongue, in a Case of Gunshot Wound.

Ed. Med. and Surg. Reporter:—

In the *British Medical Journal* for September 21st, 1878, there is mentioned the following case, reported by Bronstein: A Russian soldier was wounded in the mouth at Plevna, July 18th, 1877. Nine months subsequently he felt pain in the tongue, which was found to contain a foreign body. On extraction this body proved to be an incisor tooth, carried away by the ball.

On reading this, I was reminded of a somewhat similar case which came under my notice during the late civil war. Major S., of the Sixth Pennsylvania Cavalry, was riding across the field on the 7th of May, 1864, during the battle of the Wilderness, when a ball entered his mouth, through the right cheek, breaking away the bicuspid and anterior molar teeth of the upper jaw on that side, cutting a gash across the tongue, and shattering the left upper molar teeth, with their alveoli. Although stunned by the blow, Major S. was conscious of spitting out a mouthful of blood and pieces of teeth, among which the ball must have been, for it was never seen afterward, and the left cheek was not perforated. In four days he reached his home in this city, when I attended him. He thinks it was on the thirtieth day that he called my attention to a swelling and soreness on the upper surface of the tongue, where, he said, there had twice before been, at intervals of two or three days, a slight discharge of pus. Upon careful pressure I felt fluctuation, and opened a little abscess. Passing a fine probe through the orifice, I felt a foreign substance, which was at once extracted, and proved to be a piece of one of the teeth. It need hardly be added that the cavity healed up soundly at once.

Philadelphia, Pa. John H. Packard, M.D.

News and Miscellany.

A Permanent Scientific and Medical Commission.

On Saturday, November 9th, a committee appointed by the "Maryland Academy of Sciences," and approved by the "Academy of Medicine" and "Baltimore Medical Association," consisting of Drs. J. R. Uhler, C. C. Bombaugh and C. L. Oudesluys, waited on President Hayes, with the following memorial:—

To the President—The undersigned, a committee appointed by the "Maryland Academy of Sciences," most respectfully request you to transmit to Congress a message, asking an appropriation and authority to appoint a permanent scientific and medical commission, to study and report upon the nature, causes, treatment and prevention of yellow fever and allied epidemic diseases; said commission to consist of twenty or more members chosen from the ablest chemists, physicists, microscopists, biologists, naturalists and physicians in the country, with power to select from their own number any others, workers, in order that the disease may be systematically examined from different points of view, both by acclimated members on the spot, and others in the various laboratories of our country.

J. R. Uhler, M.D.
Charles L. Oudesluys.
Rev. John M. Holmes.
George W. Davidson.
P. G. Sauerwein.
C. C. Bombaugh, M.D.

During the conversation that ensued the following important points were made:—1. That the active intervention of men of trained judgment and special qualification is essential for success. 2. That the investigation should be commenced at once, before another epidemic occurs, in order that the usual healthy condition of the air, water, food, vegetable and animal life in the infected districts may be ascertained. 3. That the investigations should be made by a large number of specialists, in order that many new methods may be tried. 4. That a portion of this work can only be conducted in the various large laboratories of the country, hence a number of names of men possessing a national reputation, and connected with Harvard, Yale, the Universities of Michi-

gan, New York, Pennsylvania, Maryland, Louisiana, Bellevue Medical College, Cincinnati Medical School and the Surgeon General's Office, were suggested for appointment. 5. The importance of systematic efforts was discussed, and the committee left with the assurance that the memorial would be acted upon, and with the request of the President that it should be widely made known, in order that medical and scientific men may induce Congress to pass the bill.

The American Public Health Association.

This Association held its session in Richmond last week, under the presidency of Dr. Elisha Harris, of New York. There was a representation of nearly one hundred and fifty members of the profession, and a number of other gentlemen of eminence in sanitary science, and many valuable papers were presented. We have received a full report of the proceedings, which we are, however, obliged to postpone until our next issue, owing to the pressure of other matters upon our columns.

Plant Forms in Art.

Dr. J. T. Rothrock, of this city, has commenced a course of thirty-five lectures on "Plant Form and its Anatomy, as Applied to Industrial Art." The lectures are given on Friday evenings, in the rooms of the Pennsylvania Museum and School of Industrial Art, on North Broad street. Dr. Rothrock has developed a most interesting and novel branch of the application of exact science to the demands of art. By the process of maceration and double staining, and then projecting the magnified image on screens, he reveals to art students a new world, both of form and color. It is comparable to the kaleidoscope, but instead of set figures of geometrical outline, we have all the diversity and wealth of the intimate laboratory of nature herself.

Items.

—A committee of the Minnesota Legislature, appointed in February last to investigate charges of cruelty and mismanagement against the State Lunatic Asylum, have reported to the Governor. They find the charge of cruelty sustained in two cases. In one case, an unfortunate patient was choked to death by having solid food forced down his throat; in another, a woman was scalded to death by being "carelessly left in a bath tub." In addition to this, there is a "deficiency" of over $4000 in the accounts of Rev. A. H. Kerr, the Treasurer of the Hospital Board.

—Wet pepper, it seems, throws off great quantities of carbonic acid gas. On board an English steamer in a Chinese port lately, a quantity of pepper was taken on board, a part of which had been wet with rain. Next morning a Chinaman went into the hold and fell senseless. Four English sailors went down to render assistance; they, too, became senseless; and finally all five, after a ventilation of the hold, were found dead.

Personal.

—In the death of Mr. Thomas H. Powers, senior member of the large and widely known manufacturing firm of Powers & Weightman, drugs and chemicals, this community loses one of its most estimable citizens, and numerous charitable and benevolent organizations one of their most liberal and intelligent supporters.

—Some very bitter and unfair reviews of Dr. Allan McLane Hamilton's late work on nervous diseases have appeared in various medical journals, and Mr. Lea, the publisher, has done well to reprint a fair and complimentary notice of the book by Dr. J. Crichton Browne, one of the ablest of English neurologists, which substantially coincides with the notice which appeared in the REPORTER.

MARRIAGES.

MORRISON—GOULD.—On Tuesday, October 29th, at Christ Church, Brooklyn, by Rev. A. M. Morrison, Dr. Sterling Morrison, of Peekskill, N. Y., and Marie Louise, daughter of the late J. E. Gould, of Philadelphia.

NEAVE—BAILEY.—On the 14th instant, at Christ Church, by the Rev. I. N. Stanger, James L. Neave, M.D., of Fort Berthold, D. T., and Lizzie M. Bailey, of this city.

PIERCE—SCHNELL.—In Brattleboro, Vt., October 10th, by Rev. M. H. Harris, Elihu Proctor Pierce, M.D., of Northfield, Mass., and Mrs. Emma E. Schnell, of Winchester, N. H.

PIHLMAN—BRAILLY.—On Thursday, October 24th, 1878, at the residence of the bride's parents, by the Rev. E. Grimm, Robert L. Pihlman and Regina Lucy, daughter of Dr. C. Brailly, all of this city.

REYNOLDS—CHARLICK.—On Wednesday, October 30th, 1878, at the Fifth Avenue Presbyterian Church, by the Rev. Dr. John Hall, Jessie, daughter of the late Oliver Charlick, and William M. Reynolds, M.D., both of New York.

ROSSELL—WISTER.—At Philadelphia, on Thursday, October 31st, by the Rev. Dr. Furness, Clifford B. Rossell and Lily S., daughter of Caspar Wister, M.D.

THOMPSON—TUTT.—At Elizabeth, N. J., on Wednesday, October 23d, 1878, by Rev. W. C. Roberts, D.D., assisted by Rev. E. N. Crane, Lewis Thompson and Alice S., daughter of Dr. Wm. H. Tutt.

DEATHS.

MURPHY.—On the 6th instant, Dr. John G. Murphy, at his late residence, Rising-Sun lane and Sixth street, Philadelphia.

SHUNK.—In Philadelphia, on the 31st ultimo, Francis R. Shunk, M.D., only son of the late Isaac Shunk, in the fifty-fifth year of his age.

SITES.—On the 28th instant, after a lingering illness, Dr. Joseph Sites, of Philadelphia.

STEELE.—In New York, on Tuesday, November 12th, Edward F., son of Dr. Edward G. Steele.